

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TENNESSEE
_____ DIVISION

_____ Name)

Prison Id. No. _____)

Full Price Name)

Prison Id. No. 20340)

Plaintiff(s))

v.)

Hampton County Sheriff Name)
Department Name)

Defendant(s))

(List the names of all the plaintiffs filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's office. Do not write in this space.)

Jury Trial ☐ Yes ☒ No

(List the names of all defendants against whom you are filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

- A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes ☐ No

- B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____

Defendants _____

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? _____

2. What was the response of prison authorities? _____

G. If you checked the box marked "No" in question II.E above, explain why not. _____

(County Jail)

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? *I Grievance it*

2. What was the response of the authorities who run the detention facility?
Came and fix it 2 1/2 Months Later

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: *Keith C. Pierce*

Prison Id. No. of the first plaintiff: *203460*

Address of the first plaintiff: _____

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: _____

Prison Id. No. of the second plaintiff: _____

Address of the second plaintiff: _____

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: _____

Place of employment of the first defendant: _____

The first defendant's address: _____

Named in official capacity? ☐ Yes ☐ No

Named in individual capacity" ☐ Yes ☐ No

2. Name of the second defendant: _____

Place of employment of the second defendant: _____

The second defendant's address: _____

Named in official capacity? ☐ Yes ☐ No

Named in individual capacity" ☐ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

MAURY COUNTY SHERIFF'S DEPARTMENT
INMATE GRIEVANCE FORM
 (ONLY ONE COMPLAINT PER FORM)

Rev. 10/2013

NAME <i>Keith E. Pierce</i>	DATE OF INCIDENT <i>Stated on 11-5-13 now it is 2-5-14</i>	HOUSING UNIT <i>618</i>
Nature of Grievance: Indicate the event and reason that led you to file this grievance. Specify dates, places, personnel involved, and how you were affected. If you need more space, you may attach additional pages. <small>Grievance must be submitted within 7 days of the grieved incident. Grievances are limited to 8 per calendar week (Sun-Sat).</small>		
<i>The Black Fold is so ("bad") we have been taking this in for 2 1/2 months Black Fold is ("ur-Born")</i>		
Requested Resolution: Describe what action you want taken to remedy the grievance.		
Attempts at Resolution: Have you made any attempts at informal resolution? <small>(Example: Notes, requests or conversations with any staff member). Include names and approximate dates.</small>		
INMATE SIGNATURE <i>Keith E. Pierce</i>	Date <i>2-5-14</i>	

(Do not write below dotted line)

Your grievance has been received and has been assigned No.

2014-0124

☐ Your grievance will be processed and returned within 5 business days.

☐ Your grievance is being returned and will not be processed for the following reason(s):

- ☐ You do not provide sufficient details (who, what, when, etc.)
- ☐ The issue has already been grieved by you (Grievance No. _____)
- ☐ Your grievance was not signed
- ☐ You do not provide any "Requested Resolution"
- ☐ You request resolution on more than one issue
- ☐ Your grievance contains inappropriate or disrespectful language
- ☐ Your grievance has been ruled "non-grievable" since it deals with a matter that does not fall under the jurisdiction of the Maury County Sheriff's Dept. or deals with a matter that already has an appeal process
- ☐ Other: _____

LEVEL 1 GRIEVANCE RESPONSE AND REASON (Shift Sergeant or above)

Maintenance believes that was mildew caused by the leaking skylight which was repaired recently. The discolored drywall was fixed yesterday. I was in cell 18 yesterday & saw no evidence of mold anywhere.

LEVEL 1 GRIEVANCE OFFICER (Print name and sign)

DATE

Debra Wagonschutz Debra Wagonschutz 2/7/14

Appeal this response? If Yes, state basis for appeal

YES

NO

You may attach extra pages if necessary. Appeal must be made within 5 days of receipt of response.

INMATE SIGNATURE

Date

LEVEL 2 GRIEVANCE RESPONSE AND REASON (Lieutenant or above)

I concur with Level 1 response

YES

NO

LEVEL 2 GRIEVANCE OFFICER (Print name and sign)

DATE

Appeal this response? If Yes, state basis for appeal

YES

NO

You may attach extra pages if necessary. Appeal must be made within 5 days of receipt of response.

INMATE SIGNATURE

Date

LEVEL 3 (FINAL) GRIEVANCE RESPONSE AND REASON (Captain or above)

I concur with Level 2 response

YES

NO

LEVEL 3 (FINAL) GRIEVANCE OFFICER (Print name and sign)

DATE